

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2497
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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY St Louis			
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. LENGTH OF STAY (in this place) 33 YRS		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS Webster Groves			
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS				d. STREET ADDRESS (If rural, give location) 203 SIMMONS AVE			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) JOHN		c. (Last) BRIDELL		4. DATE OF DEATH (Month) (Day) (Year) JAN 2 1949	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG 2-1877	
9. AGE (In years last birthday) 71		10. MONTHS 5		11. BIRTHPLACE (State or foreign country) DE SOTO MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE-REAL ESTATE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DE SOTO MO			
13a. FATHER'S NAME JOHN BRIDELL		13b. MOTHER'S MAIDEN NAME EUGENIA HAGUE		14. NAME OF HUSBAND OR WIFE LORENA BRIDELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. D 84				INTERVAL BETWEEN ONSET AND DEATH 3 days 2 days yes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-27, 1948, to 1-2, 1949, that I last saw the deceased alive on 12/31, 1948, and that death occurred at 9 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Parker B. Foster M.D.		23b. ADDRESS 634 N. O. Grand St. St. Louis		23c. DATE SIGNED 1/2/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 5-1949		24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY		24d. LOCATION (City, town, or county) KIRKWOOD MO	
DATE REC'D BY LOCAL REG. JAN 6 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker and Co. - Nat. Groves Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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If this body is not embalmed, fact should be so stated above.